



FLOYD COUNTY HEALTH DEPARTMENT

1917 BONO ROAD • NEW ALBANY, INDIANA 47150

PHONE (812) 948-4726 • FAX (812) 948-2208

WEBSITE: WWW.FLOYDCOUNTYHEALTH.ORG

Office Hours: Monday – Friday, 8:00 AM – 4:00 PM

Application for Tattoo and/or Body Piercing Facility

Name of Facility: _____

Address of Facility: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Please check one:

Tattoo & Body Piercing Facility _____

Tattoo Facility _____

Body Piercing Facility _____

Is your business a sole proprietorship? _____

How many tattoo/body piercing artists and apprentices are at your facility (attach list of artists names)? _____

Days and Hours of Opera- _____

Signature of Facility Owner

Date

Printed Name of Facility Owner

For Office Use Only!

Please place initial by appropriate answer(s)

1. Have all OSHA requirements been met and the paperwork submitted to the Health Department? Yes _____ No _____

2. Has facility developed a written policy in compliance with the Health Department's ordinance and OSHA requirements? Yes _____ No _____

* If all information has been submitted to the Health Department, a permit may be issued to the above-mentioned facility.

EHS Signature: _____ Approved/Disapproved Date: _____

For Office Use Only!

Permit # Issued: _____ Amount Paid: _____ Employee's Initials _____